



4/1/03
8/24/03

PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. **09/870,690**
Applicant(s): **HIROSHI OKADA, ET AL.**
Filed: **June 1, 2001**
TC/A.U. **2676**
Examiner: **Tam D. Tran**

Confirmation No.: 7691

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AUG 25 2003

Technology Center 2600

Docket No.: **032405.081**
Customer No.: **25461**

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

In response to the Official Action of May 21, 2003, please amend the above-identified application as follows:

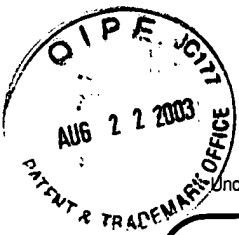
Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

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Susan J. Revell



2676

PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/870,690	RECEIVED AUG 25 2003 Technology Center 2600
	Filing Date	870,690	
	First Named Inventor	HIROSHI OKADA	
	Art Unit	2676	
	Examiner Name	Tam D. Tran	
Total Number of Pages in This Submission		Attorney Docket Number	032405.081

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Reply postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Robert G. Weilacher, Reg. No. 20,351
Signature	
Date	August 19, 2003

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Typed or printed name	Susan J. Revell		
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